



Lake Stevens Police Department

Detail

Print Date/Time: 10/24/2016 11:37
Login ID: ss0100
Case Number: 2016-00020989

ORI Number: Lake Stevens Police Department
WA0311900

Case Details:

Case Number:	2016-00020989	Incident Type:	Traffic Offenses
Location:	SR 9 NE / LUNDEEN PKWY LAKE STEVENS, WA 98258	Occured From:	10/21/2016 20:22
		Occured Thru:	10/21/2016 21:00
		Reported Date:	10/21/2016 20:22 Friday
Reporting Officer ID:	SS0133-Heinemann	Status:	Closed
		Status Date:	10/22/2016

Assigned Officer	Assignment Date/Time	Assignment Type	Assigned By Officer	Due Date/Time
<u>Associated Cases</u>	<u>Status</u>	<u>Assisting ORIs</u>	<u>Role</u>	
<u>Modus Operandi</u>		<u>Solvability Factors</u>	<u>Weight</u>	

Offenses

No.	Group/ORI	Crime Code	Statute	Description	Counts
1	State	90Z	46.52.020.4C	HIT AND RUN ACCIDENT FAIL TO STOP OR 1 COMPLY AFTER STRIKING DECEASED PERSON	

Offense # 1

Group/ORI:	State	Crime Code:	90Z	Statute:	46.52.020.4 C	Counts:	1	Attempt/ Commit Code:	Commit
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Description:	HIT AND RUN ACCIDENT FAIL TO STOP OR COMPLY AFTER STRIKING DECEASED PERSON	Offense Date:	10/21/2016
NCIC Code:	090Z	Scene Code:	Hwy-Road-Alley-St- Sidewlk
Bias/Motivation:	*None (No Bias)		

Domestic Code:	No
Gang Related:	No
IBR Seq. No:	1

Offender Suspected of Using

Alcohol:	No
Drugs:	No
Computer:	No

Subjects

Type	No.	Name	Address	Phone	Race	Sex	DOB/Age
Passenger	1	SEMINGSON, ALYSSA	4232 82ND AVE NE MARYSVILLE, WA 98270			Female	09/10/2006 10
Suspect	1	2016-00020989, Unknown			White	Male	
Victim	1	SEMINGSON, ANGELA M	4232 82ND AVE NE MARYSVILLE, WA 98270	(407) 625-1057	White	Female	12/16/1974 41



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Subject # 1-Passenger

Primary: No
Name: SEMINGSON, ALYSSA
Address: 4232 82ND AVE NE
MARYSVILLE WA 98270
State:
Sex: Female
DOB: 09/10/2006
Age: 10

Subject # 1-Suspect

Primary: No
Name: 2016-00020989, Unknown
Race: White
Sex: Male

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	90Z	46.52.020.4C	HIT AND RUN ACCIDENT FAIL TO STOP OR COMPLY AFTER STRIKING DECEASED PERSON

Subject # 1-Victim

Primary: No
Name: SEMINGSON, ANGELA M
Address: 4232 82ND AVE NE
MARYSVILLE WA 98270
Primary Phone: (407) 625-1057
Resident Status: Full-Time Resident
Victim Type: Individual
Race: White
Height: 5ft 8 in
Eyes: BLU
State:
Sex: Female
DOB: 12/16/1974
Age: 41

Related Offenses

Group/ORI	Crime Code	Statute	Description
State	90Z	46.52.020.4C	HIT AND RUN ACCIDENT FAIL TO STOP OR COMPLY AFTER STRIKING DECEASED PERSON

Arrests

Arrest No.	Name	Address	Date/Time	Type	Age
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Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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Vehicles

No.	Role	Vehicle Type	Year	Make	Model	Color	License Plate	State
1	Victim Vehicle	Passenger Car	2012	Toyota	RAV4		ATC4275	WA
2	Suspect Vehicle	Passenger Car				White		



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Vehicle # 1


Type:	Passenger Car	Year:	2012	Make:	Toyota	Model:	RAV4
License Plate:	ATC4275	State:	WA				
Date/Time:	10/21/2016 20:32	Location:	SR 9 NE / LUNDEEN PKWY LAKE STEVENS,WA 98258				

Vehicle # 2

Type:	Passenger Car		
Color:	White		
Date/Time:	10/21/2016 20:32	Location:	SR 9 NE / LUNDEEN PKWY LAKE STEVENS,WA 98258

- ☐ Liquor Board
- ☐ Dawson Place
- ☐ Juvenile Court
- ☐ Juvenile Prosecutor
- ☐ Mental Health
- ☐ APS
- ☐ District Court
- ☐ Municipal Court
- ☐ DOL
- ☐ CPS
- ☐ Other _____
- ☐ City Attorney
- ☐ County Prosecutor
- ☐ Federal Prosecutor
- ☐ Domestic Violence Unit
- ☐ City Prosecutor
- ☐ Detectives

SS Case, Officer: ss0133, Supervisor: ss0095, Merged By: SS0145

 LAKE STEVENS POLICE DEPARTMENT 2211 Grade Rd Lake Stevens, WA 98258 (425) 334-9537	Initial Case Report
	Case Report # 2016-00020989

EVENT	OCCURRED INCIDENT TYPE Traffic Offenses		DATE/TIME REPORTED 10/21/2016 20:22		ASSOCIATED CASES		
	LOCATION OF OCCURRENCE SR 9 NE LAKE STEVENS, WA 98258		OCCURRED DATE/TIME 10/21/2016 20:22				
			OCCURRED THROUGH 10/21/2016 21:00				
	OFFENSES	STATUTE / DESCRIPTION					Counts
HIT AND RUN ACCIDENT FAIL TO STOP OR COMPLY AFTER STRIKING DECEASED PERSON					1	Commit	
46.52.020.4C							
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE Suspect		NAME Adult / 2016-00020989, Unknown			DOB / AGE RANGE 18 - 25	
	ADDRESS					PRIMARY PHONE	
						SECONDARY PHONE	
	RACE White		SEX Male	HEIGHT	WEIGHT	HAIR	EYE
	DL NUMBER		DL STATE		EMPLOYER		
SUBJECT	<input type="checkbox"/> NON-DISCLOSURE						
	SUBJECT TYPE Victim		NAME Adult / SEMINGSON, ANGELA MAY			DOB / AGE RANGE 12/16/1974	
	ADDRESS 4232 82nd AVE NE Marysville, WA 98270					PRIMARY PHONE (407)625-1057	
						SECONDARY PHONE	
	RACE White		SEX Female	HEIGHT 5' 8	WEIGHT 180	HAIR	EYE GRY
	DL NUMBER SEMINAM261RW		DL STATE WA		EMPLOYER		
VEHICLE	PROPERTY CODE				YEAR	COLOR	
	TYPE / MAKE / MODEL /						
	PLATE	STATE	VIN			VALUE	
	DESCRIPTION						
PROPERTY	PROPERTY CODE						
	SERIAL NUMBER		QTY/UNIT OF MEASURE		VALUE	COLOR	
	TYPE / MAKE / MODEL /						
	DESCRIPTION						

REPORTING OFFICER / ID # Heinemann, Gavin 0133	APPROVING SUPERVISOR Miner, Robert
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Complete report details do not print in this format.



LAKE STEVENS POLICE DEPARTMENT
 2211 Grade Rd
 Lake Stevens, WA 98258
 (425) 334-9537

Initial Case Report

Case Report # **2016-00020989**

ADDITIONAL SUBJECTS

SUBJECT							
<input type="checkbox"/> NON-DISCLOSURE							
SUBJECT TYPE		NAME				DOB / AGE RANGE	
Passenger		Juvenile / Semingson, Alyssa L				09/10/2006	
ADDRESS						PRIMARY PHONE	
4232 82nd AVE NE							
Marysville, WA 98270						SECONDARY PHONE	
RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE	
White		Female					
DL NUMBER		DL STATE		EMPLOYER			
SUBJECT							
<input type="checkbox"/> NON-DISCLOSURE							
SUBJECT TYPE		NAME				DOB / AGE RANGE	
ADDRESS						PRIMARY PHONE	
						SECONDARY PHONE	
RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE	
DL NUMBER		DL STATE		EMPLOYER			
SUBJECT							
<input type="checkbox"/> NON-DISCLOSURE							
SUBJECT TYPE		NAME				DOB / AGE RANGE	
ADDRESS						PRIMARY PHONE	
						SECONDARY PHONE	
RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE	
DL NUMBER		DL STATE		EMPLOYER			
SUBJECT							
<input type="checkbox"/> NON-DISCLOSURE							
SUBJECT TYPE		NAME				DOB / AGE RANGE	
ADDRESS						PRIMARY PHONE	
						SECONDARY PHONE	
RACE		SEX	HEIGHT	WEIGHT	HAIR	EYE	
DL NUMBER		DL STATE		EMPLOYER			
REPORTING OFFICER / ID #		APPROVING SUPERVISOR					
Heinemann, Gavin		0133		Miner, Robert			

Complete report details do not print in this format.

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LAKE STEVENS POLICE DEPARTMENT

2211 Grade Rd
Lake Stevens, WA 98258
(425) 334-9537

Initial Case Report

Case Report # **2016-00020989**

CASE VEHICLES

VEHICLES	VEHICLE ROLE Victim Vehicle		PLATE / STATE ATC4275 / WA	REG YEAR	VIN JTMRF4DV9C5057078
	YEAR 2012	TYPE / Automobile			
	MAKE / Toyota MODEL / RAV4 (sport utility)				
	STYLE	TOP COLOR Gray		BOTTOM COLOR	
	ADDITIONAL DESCRIPTION				
VEHICLES	VEHICLE ROLE Suspect Vehicle		PLATE / STATE	REG YEAR	VIN
	YEAR	TYPE /			
	MAKE / MODEL /				
	STYLE SUV (Sport Util Rugged Veh)	TOP COLOR White		BOTTOM COLOR White	
	ADDITIONAL DESCRIPTION White SUV. No further description				

ADDITIONAL VEHICLES as PROPERTY

VEHICLE	PROPERTY CODE			YEAR	COLOR
	TYPE /				
	MAKE / MODEL /				
	PLATE	STATE	VIN	VALUE	
	DESCRIPTION				
VEHICLE	PROPERTY CODE			YEAR	COLOR
	TYPE /				
	MAKE / MODEL /				
	PLATE	STATE	VIN	VALUE	
	DESCRIPTION				
VEHICLE	PROPERTY CODE			YEAR	COLOR
	TYPE /				
	MAKE / MODEL /				
	PLATE	STATE	VIN	VALUE	
	DESCRIPTION				
VEHICLE	PROPERTY CODE			YEAR	COLOR
	TYPE /				
	MAKE / MODEL /				
	PLATE	STATE	VIN	VALUE	
	DESCRIPTION				

REPORTING OFFICER / ID # Heinemann, Gavin	0133	APPROVING SUPERVISOR Miner, Robert
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Complete report details do not print in this format.



LAKE STEVENS POLICE DEPARTMENT

2211 Grade Rd
Lake Stevens, WA 98258
(425) 334-9537

Initial Case Report

Case Report # **2016-00020989**

NARRATIVE

Officer G. Heinemann #133, Lake Stevens Police

Case # 2016-00020989

Location- SR 9 NE/ Lundeen Parkway, Lake Stevens WA 98258

Incident- Hit and Run

I, Officer Heinemann, am a fully commissioned Police Officer assigned to patrol, located in the city of Lake Stevens, county of Snohomish, State of Washington.

On October 21st, 2016 at approximately 2022 hours, I was dispatched to a priority collision at the intersection of SR 9 NE and Lundeen Parkway. The reporting party, Angela M. Semington DOB: 12-16-1974, stated that she was struck by a white SUV and the SUV then went eastbound on Lundeen Parkway, failing to stop at the incident location to exchange information.

I arrived moments later and located Angela and her daughter, Alyssa, at SR 9 NE and Lundeen Parkway. Angela stated that she was in the inside northbound lane of SR 9, just south of Lundeen Parkway, stopped at the red light. She then indicated that they were struck from behind by a white SUV, shattering the rear glass of her vehicle. When they pulled to the right shoulder, she saw the white SUV traveling eastbound on Lundeen Parkway. There was visible damage to the rear of Angela's vehicle. The damage included a broken rear window and the rear bumper was pushed down, separated from the rear quarter panels.

Angela believed the driver of the white SUV to be a younger white male, approximately 18-25 years old. She was unable to acquire a license plate for the fleeing vehicle. I had Officer Lyons conduct an area check of Lundeen Parkway, east of the collision to attempt to locate the suspect vehicle. Officer Lyons was unable to locate.

I provided Angela with a victim statement form, as well as a business card with the associated case number attached. Angela stated she would email me a copy of her insurance card so the information could be added to the report. Angela emailed me a copy of her card, showing her insurance company to be Allstate with an associated policy number of 987 166 978.

The location of the collision did not provide any clues to a possible suspect vehicle. There was no debris in the roadway and no front license plate from the suspect vehicle. There were also no witnesses to the incident.

Recommendations:

I recommend that this case be closed due to lack of investigational leads.

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT I HAVE ISSUED THIS ON THE DATE AND AT THE LOCATION ABOVE, THAT I HAVE PROBABLE CAUSE TO BELIEVE THE ABOVE NAMED PERSON COMMITTED THE ABOVE OFFENSE(S), AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

Gavin Heinemann #133
Officer

10/22/2016
Date

Lake Stevens, WA
Location Signed

This report was submitted from an electronic device owned, issued, or maintained by a law enforcement agency using my user ID and password. I certify or declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

REPORTING OFFICER / ID # Heinemann, Gavin 0133	APPROVING SUPERVISOR Miner, Robert
LOCATION SIGNED Snohomish County, WA	DATE SIGNED 10/22/2016

This officer's narrative is complete when an approving supervisor's name is attached. Complete report details do not print in this format.

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COLLISION REPORTS

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E599095**

INTERSTATE	<input type="checkbox"/>	CITY STREET	<input type="checkbox"/>	FIRE RESULTED	<input type="checkbox"/>
STATE ROUTE	<input checked="" type="checkbox"/>	OTHER	<input type="checkbox"/>	STOLEN VEHICLE	<input type="checkbox"/>
COUNTY RD	<input type="checkbox"/>	PRIVATE WAY	<input type="checkbox"/>	HIT & RUN INVOLVED	<input checked="" type="checkbox"/>

TRIBAL
RESERVATIONCASE # **2016-00020989**LOCAL AGENCY
CODING **WA0311900**TOTAL # OF
UNITS **02**OBJECT
STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	N	E	IN	CITY #
DATE OF COLLISION	10	21	2016	2022	31						<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☐ NON-INTERSECTION ☒**SR 9 NE**BLOCK NO. ☒
MILE POST**1900**

DISTANCE	50	00	MILES	<input checked="" type="checkbox"/>	N	E	OF	W	OF	LUNDEEN PARKWAY
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UNIT 01MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☐ NO ☒

PHONE

LAST NAME

UNKNOWN

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX

U

D.O.B.

MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

9

RESTR.

9

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #

STATE

VIN#

TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒

REGISTERED OWNER INFO.

LIABILITY INSURANCE
IN EFFECT ☐INSURANCE CO
& POLICY #VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE

UNIT 02MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: 4076251057

LAST NAME

SEMINGTON

FIRST NAME

ANGELAMIDDLE
INITIAL**M**STREET
NEW ADDRESS☒ **4232 82ND AVE NE**

CITY

MARYSVILLE

ST

WA

ZIP

98270

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**SEMINAM261RW**

STATE

WA

SEX

F

D.O.B.

MMDDYYYY

12**16****1974**ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1HELMET
USE**2**INJURY
CLASS**1**

NATURE OF INJURIES

LICENSE
PLATE #**ATC4275**

STATE

WA

VIN#

JTMRF4DV9C5057078TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2012

MAKE

TOYT

MODEL

RAV4

STYLE

4WVEHICLE TOWED
YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **ANGELA SEMINGTON 4232 82ND AVE NE MARYSVILLE WA 98270 D: 4076251057**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **ALLSTATE 987166978**VEHICLE
LEGALLY
STANDINGYES ☒ NO ☐

CITATION #

CHARGE

OFFICER'S NAME (PRINT)

G. HEINEMANN

BADGE OR ID #

0133

AGENCY

WA0311900

PART A 3000-345-159 R (7/06)

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**STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT**


1591972

CORRECTION

REPORT NO. **E599095**CASE # **2016-00020989**
ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SEMINGSON ALYSSA																
ADDRESS & PHONE # 4232 82ND AVE NE MARYSVILLE WA 98270										SEX F	D.O.B. MMDDYYYY 09	-	10	-	2006			
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	7	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #										SEX	D.O.B. MMDDYYYY	-		-				
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On October 21st, 2016 at 2222 hours, I was dispatched to the area of SR 9 NE and Lundeen Parkway for a collision. Unit 2 was stopped for traffic, approximately 50 feet south of Lundeen Parkway on SR 9 NE, facing northbound. Unit 1 was also traveling northbound but failed to see the build up of traffic and struck the rear of Unit 2. Unit 1 then fled the scene eastbound on Lundeen Parkway.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

G. HEINEMANN
10-22-16 03:39 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

C. WELLS 0131

DATE

10/22/2016 7:29:37 PM

BADGE OR ID #	0133	ORI #	WA0311900	TIME POLICE DISPATCHED	8:22 PM	TIME POLICE ARRIVED	8:25 PM
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REPORT NO. E599095

CASE # 2016-00020989

DATE AND TIME
OF COLLISION 10/21/16 20:22

